Name in Full: Guy Bomb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Beaver — County: Washington Co

Date of death: Month: 7 — Day: 23 — 1904 — Age: Years: 68 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Washington

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights — How long:

Immediate: Coma — How long: About 1 year

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos Lynch

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88515

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Joseph Brooks

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Beaver		County: Annapolis		
Date of death 1904	Month: 7	Day: 27	Age Years: 72	Months: —	Days
Sex: Male		Color or Race: Black		Birthplace: Annapolis	
Occupation: Tailor		Where Residing if not at place of death: Place of Death			
Married, Single or Widowed: Widowed		Name of Wife or Husband: —			
Father's Name: — — — —				Father's Birthplace: Annapolis	
Mother's Maiden Name: — —				Mother's Birthplace: Annapolis	
Name of person giving Information: Henry Brooks				How related to deceased: Son	

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease	How long
Immediate: Coma	How long: 12 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Thos Smith
	Address: Leonardtown
Accident ~~or Suicide?~~	N.C.1

LIBRARY BUREAU A85816

Name in Full

Certificate of Death

Celia Ann Butler -

Died at Town Clements County St. Marys. MARYLAND

Date 1904 Month July Day 13 | Age Y. 60 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5 —

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Tuberculosis of Lungs | How long sick 12 Months

Immediate | Accident, Suicide, Homicide

Reported by L. B. Jolinson -

Address Morganza,

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: William W. Combs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Branch — County: St Marys

Date of death: 1904 — Month: July — Day: 29 — Age: Years 64 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: St Marys Co

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Belle Slater

Father's Name: William Combs — Father's Birthplace: St Marys Co

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: two or 3 yrs

Immediate: Coma — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. F. Brownell M.D.

Address: Leonardtown Md.

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full

Certificate of Death

Marie Daily

Died at Town: Slab Town County: St. Mary's. MARYLAND

Date 1904 Month: July Day: 16 | Age Y. 47 M. D. | Native of Md. | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widower~~ ~~Widower~~ | ~~Divorced~~ | Number of children living three

Husband of
Wife

Father's Name Walter Monroe | Mother's Maiden Name Emily Monroe

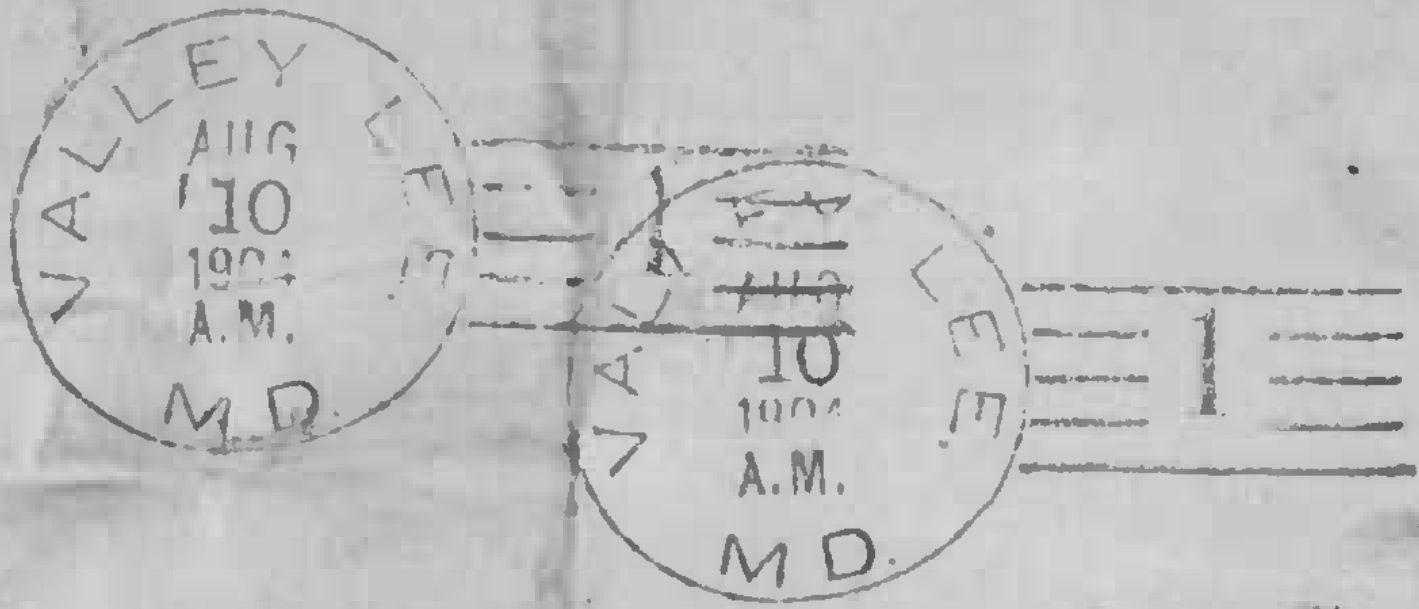
Cause of Death: Primary — Immediate Chronic Nephritis | How long sick 4 months | ~~Accident, Suicide, Homicide~~

Reported by T. Harper Lynch, M.D.

Address Poole, Lee, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888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VALLEY
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A.M.
MD.
1

Name in Full

Certificate of Death

Infant Slaughter

Died at Town Clifton Factory County St. Mary's MARYLAND

Date 1904 Month 7 Day 28 | Age Y. 3 M. D. | Native of U. S. | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Robt. Drury Mother's Maiden Name Annie

Cause of Death — Primary: Convulsions — How long sick

Immediate — Accident, Suicide, Homicide

71

Reported by Lewis T. Clarke

Address Great Mills St. [redacted] Mary's Co. Md

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name In Full

Certificate of Death

George Diggs

Died at Town Hurry County St. Marys MARYLAND

Date 1904 Month 7 Day 14 | Age Y. 90 M. - D. - | Native of md | Occupation ———

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband of Mary Eliza Diggs

~~Wife~~

Father's Name Giles Diggs Mother's Maiden Name Jennie Bullen

Cause of Death: Primary

Immediate Heart Disease

How long sick ~~1~~ 1 day

Sudden

Accident, Suicide, Homicide

Reported by Robt. V. Palmer M. D.

Address Palmers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name in Full

Certificate of Death

Rachel Hill

Died at Town St: Mary's County MARYLAND

Date 19 4 | Month 7 Day 28 | Age Y. 80 M. D. | Native of U. S. | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of children living 2

~~Husband~~ ~~Wife~~ of wife of Jos. Hill

Father's Name Jno. Forest Mother's Maiden Name Sothia

Cause of Death: Primary — Infirmity — How long sick 3 months

Immediate — Accident, Suicide, Homicide

154

Reported by Louis F. Clark

Address Great Mills P. O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Rosie Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leonardtown; County: St Marys

Date of death 1904: Month: 9; Day:

Age: Years: 1; Months: 8; Days:

Sex: Female; Color or Race: White; Birthplace: St Marys Co

Occupation: —; Where Residing if not at place of death: "

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Andrew Johnson; Father's Birthplace: St Marys

Mother's Maiden Name: Emma Mattingly; Mother's Birthplace: Do not Know

Name of person giving information: —; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Congestion; How long: 13 Days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos Squib

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full Mary Peterson -

Certificate of Death

Died at Town Morganza County St. Marys - MARYLAND

Date 1904 Month July Day 29 | Age Y. 82 M. - D. - | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 3

~~Husband~~ Wife of Reuben Peterson -

Father's Name | Mother's Name

Cause of Death: Primary Dysentery | How long sick 6 days

Immediate | Accident, Suicide, Homicide

Reported by L. B. Johnson

Address Morganza

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Samuel Thomas

Died at Town: California County: St. Marys MARYLAND

Date 1907 Month: July Day: 1st | Age Y. 63 M. 9 D. 21 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of Wife Emeline Carroll Thomas

Father's Name Charles Thomas Mother's Maiden Name

Cause of Death — Primary: Cerebral Hemorrhage

Immediate: Dilation & right heart

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by R. W. Shubrick M. D.

Address California Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888